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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| SUBJECT: | Name of Limi | ted Liability Company | - |
|---------------------------------|---|---|---|
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | John M. Bray | | |
| | | Name of Person | |
| | Fisher-Bray Real Estate Gr | oup | |
| | | Firm/Company | |
| | 1511 NE 4th Avenue | | |
| | | Address | |
| | Fort Lauderdale, FL 33304 | | |
| | | City/State and Zip Code | |
| | jbray2727@mac.com | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please ca | all: | |
| Joseph M. Balocco, Jr. | | 954 530-4731 | |
| Name o | f Person | at () Area Code Daytir | ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | <u>Street Address:</u> Registration S | ection |
| Registration : Division of C | | Division of Co | orporations |
| P.O. Box 6327 | | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DdcuSign Erivelope ID: 3D5F743F-0D62-4627-93E2-6F4BF5AF21A2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 11 South LLC | | |
|---|---|--|
| (Name of the Limit | ed Liability Company as it now appe (A Florida Limited Liability Company | ars on our records.)) |
| he Articles of Organization for this Limited L | iability Company were filed on $\frac{J}{J}$ | uly 25, 2023 and assigned |
| lorida document number 1.23000351644 | · | |
| his amendment is submitted to amend the foll | owing: | |
| . If amending name, enter the new name o | f the limited liability company | <u>here</u> : |
| he new name must be distinguishable and contain the v | words "Limited Liability Company," the | designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applic | | |
| Principal office address MUST BE A STREI | | |
| | | S 28 |
| | | SECRETALLEA |
| nter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | ∑~-< |
| | | SEE ST SEE SEE SEE SEE SEE SEE SEE SEE S |
| 3. If amending the registered agent and/or | | -n - - |
| If amending the registered agent and/or gent and/or the new registered office addre | registered office address on our ess here: | records, enter the name or dis new region |
| gent and or the new garden | | |
| Name of New Registered Agent: | John M. Bray | |
| New Registered Office Address: | 1511 NE 4th Avenue | |
| | Enter F | Torida street address |
| | Fort Lauderdale | , Florida 33304 |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

John Bray.

Bob 1807/COCB430

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|-----------------|
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| Note: If the date inserted in th | the date of filing: e must be specific and cannot be pairs block does not meet the aphe Department of State's reco | iplicable statutory filing re | (optional) than 90 days after filing.) Pursus equirements, this date will no | ant to 605.020 of be listed a |
| record specifies a delayed eff d is filed. | fective date, but not an effecti | ve time, at 12:01 a.m. on | the earlier of: (b) The 90th | day after th |
| August 11 | 2023 | | | |
| Docusi Q_1 | gned by: Bray | | | |
| your your | creecesignature of a member or | authorized representative of | a member | |
| | Signature of a member of | acceptanti, extrapression in | | |

Filing Fee: \$25.00